

FEE TRANSMITTAL for FY 2004		Complete // Known																																																																																																			
Effective 10/01/2004. Patent fees are subject to annual review.		Application Number	09/665,034																																																																																																		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	September 19, 2000																																																																																																		
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Name	Carapella, et al.																																																																																																		
196.00		Examiner Name	Rick Kiltae Chang																																																																																																		
		Art Unit	3729																																																																																																		
		Attorney Docket No.	42390P6139C																																																																																																		
METHOD OF PAYMENT (check all that apply) <table border="1"> <tr><td><input type="checkbox"/> Check</td><td><input type="checkbox"/> Credit card</td><td><input type="checkbox"/> Money Order</td><td><input type="checkbox"/> Other</td><td><input type="checkbox"/> None</td></tr> <tr><td colspan="5"><input checked="" type="checkbox"/> Deposit Account</td></tr> <tr><td colspan="5">Deposit Account Number 02-2666</td></tr> <tr><td colspan="5">Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP</td></tr> </table> <p>The Commissioner is authorized to: (check all that apply)</p> <table border="1"> <tr><td><input checked="" type="checkbox"/> Charge fee(s) indicated below</td><td><input checked="" type="checkbox"/> Credit any overpayments</td></tr> <tr><td><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.</td><td></td></tr> <tr><td><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above designated deposit account</td><td></td></tr> </table>				<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Deposit Account					Deposit Account Number 02-2666					Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP					<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments	<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above designated deposit account																																																																									
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10/05/2004 TTU TTO 00000002/02666 <input type="checkbox"/> <small>(If number previously paid, check here for reduction)</small> <table border="1"> <tr> <td>Total Claims</td> <td>20</td> <td>- 25*</td> <td>= 0</td> <td>x 18.00</td> <td>= \$0.00</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>- 3*</td> <td>= 1</td> <td>x 66.00</td> <td>= \$66.00</td> </tr> <tr> <td colspan="6"> Large Entity Small Entity Fee Code (\$) 1202 10 2202 0 Claims in excess of 20 1201 69 2201 43 Independent claims in excess of 3 1203 200 2203 140 Multiple Dependent claim if not paid 1204 68 2204 43 *Rescues independent claims over original patent 1205 18 2205 9 **Rescues claims in excess of 20 and over original patent </td> </tr> <tr> <td colspan="2">SUBTOTAL (2) (\$)</td> <td>66.00</td> </tr> <tr> <td colspan="4">Reduced by Basic Filing Fee Paid</td> <td>SUBTOTAL (3) (\$)</td> <td>110.00</td> </tr> </table>				Total Claims	20	- 25*	= 0	x 18.00	= \$0.00	Independent Claims	4	- 3*	= 1	x 66.00	= \$66.00	Large Entity Small Entity Fee Code (\$) 1202 10 2202 0 Claims in excess of 20 1201 69 2201 43 Independent claims in excess of 3 1203 200 2203 140 Multiple Dependent claim if not paid 1204 68 2204 43 *Rescues independent claims over original patent 1205 18 2205 9 **Rescues claims in excess of 20 and over original patent						SUBTOTAL (2) (\$)		66.00	Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$)	110.00																																																																							
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01 FC: <input type="checkbox"/> SUBMITTED BY <i>W.W.S.</i> 02 FC: <input type="checkbox"/> (Name (print/type): William W. Schaefer) 03 FC: <input type="checkbox"/> (Signature) <i>W.W.S.</i> <small>Based on PTO/SB/17 (10/03) as recorded by Blakely, Sokoloff, Taylor & Zafman (w/e) 02/10/2004. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450</small>																																																																																																					
Complete (if applicable) Registration No. (Attorney/Agent) 39,018 Telephone (714) 557-3800 Date 08/05/04																																																																																																					

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